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CONSENT FOR TREATMENT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and let me know any questions you have. When you sign this document, it indicates that you understand and accept the expectations of each other described here.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the mode of psychotherapy used, the personalities of the psychologist and client, and the particular problems you bring forward. Psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful, you will need to work on things we talk about both during and in between our sessions.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. There can be no guarantee that your situation and emotional state will improve, and it is possible for your symptoms to worsen or for new symptoms to arise over the course of treatment. However, psychotherapy has been shown to be beneficial for most people. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

EVALUATION

Our first few sessions will include an evaluation of your needs, which typically lasts from 1 to 3 50-minute sessions. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should consider this information along with your own sense of whether you feel comfortable working with me. Therapy involves a large investment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional for a second opinion.

MEETINGS

My clients and I choose one of two scheduling options: 1) If we decide that a regular weekly meeting time is preferable, we attempt to schedule a time that is available and convenient for the client. 2) If we decide that less frequent or consistent sessions are indicated, scheduling is done based on what times I have available in any given week. I cannot hold a regular time for clients who do not plan to attend weekly. However, on rare occasions I am able to schedule a regular every-other-week time (provided that I have two clients who are willing to alternate at the same weekly time).

CONTACTING ME / AVAILABILITY

I am often not immediately available by telephone. When I am unavailable, my telephone (410 995-8219) is answered by confidential voice mail that I monitor daily, and I will make every effort to return your call on the same day you make it. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

Certain interruptions to our weekly sessions will be unavoidable. If I am unable to meet at our regularly scheduled time, I will try to arrange an alternative meeting time with you. If I will be unavailable for an extended period (e.g., when I am on vacation), I will provide you with the name of a colleague to contact if necessary.

CANCELLATIONS

Once an appointment hour is scheduled, you will be expected to provide 24 hours' advance notice of cancellation. If you do not provide this notice, you will be billed a late cancellation/no show fee. This will be waived if we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment.

REGULAR ATTENDANCE

Success in psychotherapy is largely determined by your ability to regularly attend appointments. Participating in psychotherapy on a regular basis involves a high level of commitment on your part. For various reasons, some people who would benefit from psychotherapy may not be able to commit to attending appointments on a regular basis. When you become my client, we will create a treatment plan together. Part of that treatment plan includes how often our sessions will occur. Clients who are unable to attend 3 out of 4 previously scheduled sessions may be discharged from treatment.

This is because repeated cancellations, even when made while providing adequate notice, create significant issues from a treatment standpoint. Repeated cancellations reduce the chance that treatment will be successful. Regular cancellations may also prevent others who are seeking therapy services from beginning therapy. Clients who are unable to attend 3 out of 4 scheduled appointments will be reminded of this policy. We will discuss the issues that have been preventing regular attendance. Clients will be given a period of time to improve their attendance. If after having this discussion attendance continues to be an issue, clients will be discharged from care, with referrals to alternate providers if requested.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission. There are, however, a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings, for example, those involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. A court order overrides the legal right to confidentiality.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information a client has given to me. If I believe that a child, elderly person, or disabled person is being physically or sexually abused, I must file a report with the appropriate state agency. If I am told that a child has been sexually abused, even in the distant past, I may be legally obligated to report this abuse (depending on several factors, which we can discuss). If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which include notifying the potential victim and contacting the police. I may also need to seek hospitalization for the client. If a client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a client tells me about a third party who is in imminent danger of serious physical harm to self or others, I need to take steps to prevent this harm from happening. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a client. During a consultation, I do not reveal the identity of the client or any information that could make the client identifiable. The consultant is also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together.

Although I will under some circumstances communicate via email, clients should be aware that email is not a secure, confidential medium; for this reason and others, I greatly prefer to communicate via telephone, and I check my phone messages with much greater frequency than I check email. Be aware that, while I will treat any email correspondence with the same confidentiality that I treat in-person or telephone communications, I cannot guarantee that your confidentiality will not be breached by an outside party if you choose to communicate via email.

Clients occasionally wish to bring another person (usually a family member, friend, or romantic partner) to a session, and I often agree to this. However, please be aware that you are entrusting your confidentiality to the third party, and the third party is under no legal obligation (as I am) to keep your confidence. Before you bring a third party to a session, you and I will need to discuss the purpose of having the third-party present, what you want to discuss and accomplish, and any information I have about you that you do not want discussed with the third party present.

While this written summary of exceptions to confidentiality is intended to inform you of potential problems, it is important that we discuss any questions or concerns that you may have.

INSURANCE REIMBURSEMENT

If I am in your insurance network and you choose to pay for your sessions with your insurance, I am required to provide the insurer with a clinical diagnosis and sometimes a treatment plan or summary. If you request it, I will provide you with a copy of any report that I submit. If your insurance company does not fully reimburse for your services at the contracted rate, you will be required to pay the remainder of the balance.

If I am not in network with your insurance company and you choose to use your insurance, you will be required to pay following each appointment. Most insurance companies will typically reimburse clients for a substantial portion of treatment. It is important that you find out exactly what mental health services your insurance policy covers. If you and your insurance company request it, I will fill out forms that are necessary to help you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, please call your plan administrator. I will, of course, provide you with whatever information I can based on my experience and will do my best to help you understand the information you receive from your insurance company.

Due to the rising costs of health care, insurance benefits have become increasingly complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans, summaries, or in rare cases, copies of the entire record. This information will become part of the insurance company files and will probably be stored by the insurance company in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. I can and will provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end

our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above.

PROFESSIONAL FEES

My fee for a 45-minute psychotherapy session is \$173 (CPT code 90834). My fee for the initial intake session is \$225 (CPT code 90791). Intakes typically take between one to two sessions. Both fees are subject to be increased periodically (no more than once a year). In addition to weekly appointments, I charge this amount for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than 50 minutes. Other services include report-writing, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.

I do not charge for brief telephone consultations. However, I do bill for telephone conversations lasting longer than 10 minutes at the same per-minute fee as my session fee.

BILLING AND PAYMENTS

Clients are expected to pay for each session at the time it is held unless otherwise agreed. Payment schedules for other professional services will be arranged when they are requested. If a client's account has not been paid for more than 60 days, and arrangements for payment have not been agreed upon, the provider has the option of using legal means to secure the payment. In most collection situations, the only information psychotherapists release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can sometimes be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged my usual fee for any professional time spent in responding to information requests.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they will give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete, if they request it. Before giving them any information, I will discuss the matter with you, if at all possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONSENT TO TREATMENT

I have fully discussed with Ben Rutt, Ph.D. the various aspects of the psychotherapy contract. This has included a discussion of my evaluation/intake as well as the method of treatment. The nature of the treatment has been described, including the extent, its possible side effects, and possible alternative forms of treatment. Ben Rutt, Ph.D. has discussed with me scheduling, the nature of the fee and policies regarding missed appointments. Ben Rutt, Ph.D. has explained to me the limitations of confidentiality. I understand I may withdraw from treatment at any time but if I decide to do this I will discuss my plan with Ben Rutt, Ph.D. before acting on it. My only financial obligation, should I decide to stop treatment, is to pay for the services I have already received.

I have read the above and fully understand the diagnosis, the nature of treatment, the alternatives to this treatment, the limits of confidentiality in this relationship, and the circumstances in which confidential communications may need to be breached.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND SERVES AS ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE MARYLAND NOTICE FORM DESCRIBED AND OFFERED PATIENTS RECORDS PRIVACY POLICIES AND PROCEDURES FOR THIS PRACTICE

Signature

Date Please print your name here

Signature of parent or guardian (if client is a minor)

Date Please print your name here

Last updated: 3/20/18